## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10050920

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			10					RATE	FEE		RATE	FEE
FO	R	NUMBER I	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	∫⊘ min	/ O minus 20=		*		X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	j minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	1	TOTAL		OR	TOTAL	740
	Ci	LAIMS AS A	MENDED - PAR		T II						OTHER	
		(Column 1)	(Colur			(Column 3)	SMALL		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
<b>AME</b>	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			T CLAIM			+140=			+280=		
·								TOTAL		OR	TOTAL	
(0-1)						(0.1		ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	l		ADDI-	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u> *	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM			+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		_	ADDIT. FEE		•	ADDIT I EL						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEF				IT CLAIN					OR		
	If the entry in colu	ımn 1 is lees than t	he entry in col	ımn 2 wri	te "O" in co	olumo 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE ADDIT. FEE												
		mber Previously Pa					er foi	und in the ap	propriate bo	x in co	olumn 1.	